Case 17-13574-ref Doc 35 Filed 05/24/17 Entered 05/24/17 13:20:17 Desc Main Document Page 1 of 20

Fill in this inform	nation to identify your	case and this filing:			
Debtor 1	Tara Beth Rizzo	Middle Name	Last Name		
Debtor 2					
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States Bar	nkruptcy Court for the:	EASTERN DISTRICT OF PE	NNSYLVANIA, READING DI	VISION	
Case number 1	17-13574			l l	Check if this is an
_					amended filing
Official For	rm 106A/B				
	e A/B: Prop	ertv			12/15
in each category, se think it fits best. Be	parately list and describ as complete and accura space is needed, attach	e Items. List an asset only once. te as possible. If two married pec a separate sheet to this form. On	pple are filing together, both ar	e equally responsible fo	t in the category where you r supplying correct
Part 1: Describe E	Each Residence, Building	, Land, or Other Real Estate You	Own or Have an Interest In		
1. Do you own or ha	ave any legal or equitable	interest in any residence, buildi	ng, land, or similar property?		
No. Go to Part	2.				
Yes. Where is					
0	4				
Part 2: Describe Y	our venicles	<u> </u>			
□ No ■ Yes					
3.1 Make:	· .	Who has an interest in	the property? Check one		ed claims or exemptions. Put
Model:		Debtor 1 only		Creditors Who Have	Claims Secured by Property.
Year:	mileage:	Debtor 2 only Debtor 1 and Debtor	. D. ank	Current value of the entire property?	Current value of the portion you own?
Approximate Other informate		At least one of the d		entile property r	portion you own?
Volvo S60	0			4	
		Check If this is con (see instructions)	nmunity property	\$1,500.0	\$1,500.00
Examples: Boats No Yes Add the dollar you have attact	trailers, motors, person value of the portion y thed for Part 2. Write t	Vs and other recreational veloal watercraft, fishing vessels, so ou own for all of your entries that number here	nowmobiles, motorcycle acce	ssories entries for pages	\$1,500.00 Current value of the portion you own? Do not deduct secured
	ds and furnishings or appliances, furniture, l	inens, china, kitchenware			daims or exemptions.
LI N0 Official Form 106A/	D.	Schadula A	/R: Property		nage 1

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Debto	эг 1	Rizzolino, T	ara Beth	Case number (if kno	wn)	17-13574
_	V	Describe				
_	165.	. Describe	couch, patio furniture			\$200.00
			oodon, pado tarracaro			
7. Elec		nles				
			nd radios; audio, video, stereo, and digital equipment; computers, p	printers, scanners; music o	collectio	ons: electronic devices
			phones, cameras, media players, games	,		
	Yes.	Describe	Astantalan assentance desarra			2000.00
			television, computer,washer,dryer			\$300.00
		bles of value	figurines; paintings, prints, or other artwork; books, pictures, or other	har art abiaata: atamp, eair	. ac ba	echall aced callections, ather
Exc	ampi		igannes, pantings, prints, or other artwork, books, pictores, or other remorabilia, collectibles	iei art cojects, stamp, coir	i, ur ba	sebali card collections, other
	No					
Ο,	Yes.	Describe				
a Eau	ılnm	ent for sports an	d hobbing			
			praphic, exercise, and other hobby equipment; bicycles, pool table:	s, golf clubs, skis; canoes	and ka	yaks; carpentry tools; musical
_		instruments				
	_					
О,	Yes.	Describe				
10. Fir	earn	ทร				
		oles: Pistols, rifles	, shotguns, ammunition, and related equipment			
Ц,	Yes.	Describe				
11. C <u>l</u> e						
E,		oles: Everyday clo	thes, furs, leather coats, designer wear, shoes, accessories			
		Describe				
	165.	Describe	clothing			\$500.00
			Totaling			
12 10.						
12. Jen Ex	ven) vamp	y oles: Everyday jew	elry, costume jewelry, engagement rings, wedding rings, heirloom	jewelry, watches, gems, g	old, sih	ver
	No					
	Yes.	Describe	<u></u>			
			jewelry			\$100.00
		rm animals				
E) D N	•	oles: Dogs, cats, b	irds, horses			
		Describe				
_	1 CS.	Describe	dog,cat			\$20.00
A An	u atl	hae naesanal and	household items you did not already list, including any hea	olth aids you did not list		
1	-	nor personal and				
_ `		Give specific info	rmation			
		•			_	
15 A	dd t	he dollar value o	of all of your entries from Part 3, including any entries for pa	ges vou have attached fo	or	
			ber hero	- ·		\$1,120.00
					L	
Part 4:	Dos	scribe Your Financ	ilal Assets			
Do yo	u ow	vn or have any le	gal or equitable interest in any of the following?			Current value of the
						portion you own? Do not deduct secured
						claims or exemptions.

Schedule A/B: Property page 2

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D	ebtor 1	Rizzolino, Tara Beth	Case number(if known)	17-13574
16	■ No	les: Money you have in your wallet, in your hom	e, in a safe deposit box, and on hand when you file your petition	
17	Example No	ts of money les: Checking, savings, or other financial accounts institutions. If you have multiple accounts	ints; certificates of deposit; shares in credit unions, brokerage hous with the same institution, list each. Institution name:	es, and other similar
		17.1.	cash on hand	\$10.00
		17.2.	checking account National Penn Bank	\$880.00
		17.3.	savings account National Penn Bank	\$0.00
18.	Example No	mutual funds, or publicly traded stocks les: Bond funds, investment accounts with brok	•	
19.	Non-pul joint ve	blicly traded stock and interests in incorpo	rated and unincorporated businesses, including an interest in	an LLC, partnership, and
20.	Negotia Non-ne	ment and corporate bonds and other negot while instruments include personal checks, cashing gotiable instruments are those you cannot trans Give specific information about them Issuer name:	iers' checks, promissory notes, and money orders.	
21.	Example No	ent or pension accounts les: Interests in IRA, ERISA, Keogh, 401(k), 40 .ist each account separately. Type of account:	03(b), thrift savings accounts, or other pension or profit-sharing pl Institution name:	ans
22.	Your sh Example No	y deposits and prepayments are of all unused deposits you have made so th les: Agreements with landlords, prepaid rent, pu	nat you may continue service or use from a company ublic utilities (electric, gas, water), telecommunications companies, institution name or individual:	or others
23.		es (A contract for a periodic payment of money	to you, either for life or for a number of years)	
24	☐ Yes		alified ABLE program, or under a qualified state tuition progra	am
4 4.	26 U.S.C ■ No	C. §§ 530(b)(1), 529A(b), and 529(b)(1).	Separately file the records of any interests.11 U.S.C. § 521(c):	
25.	Trusts,		her than anything listed in line 1), and rights or powers exerc	sable for your benefit
	■ No □ Yes. (Give specific information about them		

Official Form 106A/B Schedule A/B: Property page 3

D	ebtor 1	Rizzolino, Tara Beth	Case number (if known)	17-13574
26	Exam	ts, copyrights, trademarks, trade secrets, and other intellectual property ples: Internet domain names, websites, proceeds from royalties and licensing agree	eements	
	■ No □ Yes.	. Give specific information about them		
27.		ses, franchises, and other general intangibles ples: Building permits, exclusive licenses, cooperative association holdings, liquor	licenses, professional licenses	
		Give specific information about them		
M	oney or	property owed to you?		Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax ref	funds owed to you		
	_	Give specific information about them, including whether you already filed the return	rns and the tax years	
29.	Family Examp	support ples: Past due or lump sum alimony, spousal support, child support, maintenanc	ce, divorce settlement, property s	ettlement
		Give specific information		
30.		amounts someone owes you ples: Unpaid wages, disability insurance payments, disability benefits, sick pay, va unpaid loans you made to someone else	acation pay, workers' compensati	on, Social Security benefits;
	■ No □ Yes.	Give specific information		
31.	Interes Examp	sts in Insurance policies bles: Health, disability, or life insurance; health savings account (HSA); credit, hon	neowner's, or renter's insurance	
		Name the insurance company of each policy and list its value. Company name:	Beneficiary:	Surrender or refund value:
32.	If you a died.	terest in property that is due you from someone who has died are the beneficiary of a living trust, expect proceeds from a life insurance policy, or	r are currently entitled to receive p	roperty because someone has
	■ No □ Yes.	Give specific information		
	Examp	against third parties, whether or not you have filed a lawsuit or made a de ples: Accidents, employment disputes, insurance claims, or rights to sue	mand for payment	
	■ No □ Yes.	Describe each claim		
34.	Other o	contingent and unliquidated claims of every nature, including counterclaim	ns of the debtor and rights to se	et off claims
		Describe each claim		
35.	Any fin	nancial assets you did not already list		
		Give specific information		
36		the dollar value of all of your entries from Part 4, including any entries for p		\$890.00
			ι	

Part 5: Describe Any Business-Related Property You Own or Have an Interest in. List any real estate in Part 1.

Official Form 106A/B Schedule A/B: Property page 4

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Det	otor 1	Rizzolino, Tara Beth		Case number (if known)	17-13574
37. (Do you a	wn or have any legal or equitable interest in any business-relate	d property?		
	No. Go	to Part 6.			
	l Yes. G	to to line 38.			
Part		scribe Any Farm- and Commercial Fishing-Related Property You bu own cr have an interest in farmland, list it in Part 1.	Own or Have an Interes	st In.	
46.	Do you	own or have any legal or equitable interest in any farm-	r commercial fishing	i-related property?	
	No.	Go to Part 7.	_	, , ,	
	☐ Yes.	Go to line 47.			
Part	7:	Describe All Property You Own or Have an Interest in That You	Did Not List Above		
53	Do vou	have other property of any kind you did not already list?			
JJ. 1		les: Season tickets, country club membership			
	No				
[Yes. C	Give specific information			
54.	Add tr	e dollar value of all of your entries from Part 7. Write that	number nere	***************************************	\$0.00
Part	я.	List the Totals of Each Part of this Form			
	Ψ.				
55.		: Total real estate, line 2			\$0.00
56.		Total vehicles, line 5	\$1,500.00		
57 .		Total personal and household items, line 15	\$1,120.00		
58.		Total financial assets, line 36	\$890.00		
59.		Total business-related property, line 45	\$0.00		
60.		Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7:	+ Total other property not listed, line 54	\$0.00		
62.	Total	personal property. Add lines 56 through 61	\$3,510.00	Copy personal property to	tal \$3,510.00
				1	
63.	Total e	of all property on Schedule A/B. Add line 55 + line 62			\$3,510.00

Official Form 106A/B Schedule A/B: Property page 5

Fill in this infor	mation to identify your	case:			
Debtor 1	Tara Beth Rizzol	ino			
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	inkruptcy Court for the:	EASTERN DISTRICT OF	F PENNSYLVANIA, READII	NG DIVISION	
_	17-13574				
(if known)					Check if this is a
					amended filing

Official Form 106C

Part 1: Identify the Property You Claim as Exempt

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

1.	Which set of exemptions are you claiming? Check one only, even if your spouse is naing with you.				
	☐ You are claiming state and federal nonbank	kruptcy exemptions. 11	u.s.c	. § 522(b)(3)	
	You are claiming federal exemptions. 11 l	J.S.C. § 522(b)(2)			
2.	For any property you list on Schedule A/E	3 that you claim as exe	mpt, f	ill in the information below.	
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
	Volvo S60 Line from Schedule A/B 3.1	\$1,500.00		\$1,500.00	11 USC § 522(d)(2)
	Line Holli Schedule AVA. 3.1			100% of fair market value, up to any applicable statutory limit	11 USC § 522(d)(2) 11 USC § 522(d)(3) 11 USC § 522(d)(3)
	couch, patio furniture	\$200.00	10	\$200.00	11 USC § 522(d)(3)
	Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit	
	television, computer,washer,dryer	\$300.00		\$300.00	11 USC § 522(d)(3)
	Line from Scredule AVE. 1.1			100% of fair market value, up to any applicable statutory limit	11 USC § 522(d)(2) 11 USC § 522(d)(3) 11 USC § 522(d)(3)
	clothing Line from Schedule A/B: 11.1	\$500.00		\$500.00	11 USC § 522(d)(3)
	Line from Schedule AVE. 11.1			100% of fair market value, up to any applicable statutory limit	11 USC § 522(d)(3) 11 USC § 522(d)(3) 11 USC § 522(d)(3)
_	jewelry	\$100.00		\$100.00	11 USC § 522(d)(4)
	Line from Schedule A/B: 12.1			100% of fair market value, up to any applicable statutory limit	

Schedule C: The Property You Claim as Exempt

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	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim		Specific laws that allow exemption	
		Copy the value from Schedule A/B	Che	ck only one box for each exemption.		
	dog,cat Line from Schedule A/B 13.1	\$20.00		\$20.00	11 USC § 522(d)(3)	
				100% of fair market value, up to any applicable statutory limit	•	
	cash on hand	\$10.00		\$10.00	11 USC § 522(d)(5)	
!	Lille Hulli Schedule Ad. 17.1	-		100% of fair market value, up to any applicable statutory limit		
	checking account National Penn Bank	\$880.00		\$880.00	11 USC § 522(d)(5)	
	Line from Schedule A/B: 17.2		0	100% of fair market value, up to any applicable statutory limit		
1	Are you claiming a homestead exemption of (Subject to adjustment on 4/01/19 and every 3 No Yes. Did you acquire the property covered No Yes	years after that for case	s filed			

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Fill in this infor	mation to identify your	case:	
Debtor 1	Tara Beth Rizzoli	ino	
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT O	F PENNSYLVANIA, READING DIVISION
Case number	17-13574		
(if known)			

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below.

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Fill in this information to identify your case:	1
Debtor 1 Tara Beth Rizzolino First Name Middle Name Last Name	\
Debtor 2	1
(Spouse if, fliing) First Name Middle Name Last Name	
United States Bankruptcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA, READING DIVISION	
Case number	
(if known)	Check if this is an
	amended filing
Official Form 106E/F	
	4044
Schedule E/F: Creditors Who Have Unsecured Claims le as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONF	12/15
ny executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Pichedule G: Executory Contracts and Unexpired Leases (Official Form 198G). Do not include any creditors with partially selected by the Part you need, fill it out, number the new Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any address number (if known). Part 1: List All of Your PRIORITY Unsecured Claims	cured claims that are listed in Schedule entries in the boxes on the left. Attach
Do any creditors have priority unsecured claims against you?	
No. Go to Part 2.	
Yes.	
Part 2: List All of Your NONPRIORITY Unsecured Claims	
3. Do any creditors have nonpriority unsecured claims against you?	- · · ·
No. You have nothing to report in this part. Submit this form to the court with your other schedules.	
■ Yes.	
 List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list clai than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured cla 2. 	ms already included in Part 1. If more
	Total claim
American Express Centurion Bank Last 4 digits of account number 2369	\$8,340.00
Nonpriority Creditor's Name	
When was the debt Incurred? 2012 4315 S 2700 W	
Salt Lake City, UT 84184-0002	
Number Street City State Zip Code As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	
■ Debtor 1 cnly □ Contingent	
☐ Debtor 2 only ☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only ☐ Disputed	
At least one of the debtors and another Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community ☐ Student toans	
debt Obligations arising out of a separation agreement or divorce that is the claim subject to offset? report as priority claims	t you did not
· · · · · · · · · · · · · · · · · · ·	
■ No LI Debts to pension or profit-sharing plans, and other similar debts	
■ No □ Debts to pension or profit-sharing plans, and other similar debts □ Yes □ Other. Specify □ Credit card	

Debto	r 1 Rizzolino, Tara Beth	Case number (f know) 17-13574	
4.2	Bank of America Nonpriority Creditor's Name	Last 4 digits of account number	unknown
	7105 Corporate Dr Plano, TX 75024-4100	When was the debt incurred?	
	Number Street City State Zip Code Who Incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community debt Is the claim subject to offset?	☐ Student toans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	_		
	☐ Yes	Other. Specify Mortgage foreclosure deficiency	
4.3	Capital One Bank Nonpriority Creditor's Name	Last 4 digits of account number	\$10,998.00
	, •	When was the debt incurred?	
	4851 Cox Rd Glen Allen, VA 23060-6293 Number Street City State Zip Code	. As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, are claim to. Check an mat apply	
	Debtor 1 only	☐ Contingent	
		_ ' -	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	Student loans	
	☐ Check if this claim is for a community debt	Obligations arising out of a separation agreement or divorce that you did not	
	is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.4	Capital One Bank	Last 4 digits of account number	\$2,684.00
	Nonpriority Creditor's Name	When was the debt incurred?	
	4851 Cox Rd		
	Glen Allen, VA 23060-6293		
	Number Street City State Zip Code Who Incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	Student loans	
	debt is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Civil judgment	
		·	

Debto	r 1 Rizzolino, Tara Beth	Case number (f know) 17-13574	
4.5	Capital One/Boscovs Nonpriority Creditor's Name	Last 4 digits of account number 0084	\$2,664.00
	PO Box 30253 Salt Lake City, UT 84130-0253	When was the debt incurred?	
	Number Street City State ZIp Code Who Incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.6	Comeity Bank/Bon Ton Nongriority Creditor's Name	Last 4 digits of account number 0542	\$828.00
	Nonpriority Creditor's Name	When was the debt incurred?	
	3100 Easton Square PI Columbus, OH 43219-6232		
	Number Street City State ZIp Code	As of the date you file, the claim is: Check all that apply	
	Who Incurred the debt? Check one.	_	
	Debtor 1 only	Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community	Student loans	
	debt is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Credit card	
4.7	DSNB Macvs	Last 4 digits of account number	\$736.00
لستنا	Nonpriority Creditor's Name	When was the debt incurred?	***************************************
	PO Box 8218		
	Mason, OH 45040 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify	

Debic	Rizzolino, Iara Beth	Case number (f know) <u>17-13574</u>	
4.8	GE Capital/American Eagle	Last 4 digits of account number 8145	\$1,257.00
	resignating districts of the size	When was the debt incurred?	
	PO Box 965005		
	Orlando, FL 32896-5005		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	_	
		Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the deblors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	Student loans	
	dobt	Obligations arising out of a separation agreement or divorce that you did not	
	is the claim subject to offset?	report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Credit card	
4.9	Ge Money Bank/Gap	Last 4 digits of account number 2294	\$1,777.00
	Nonpriority Creditor's Name		
	D 005005	When was the debt incurred?	
	Box 965005 Orlando, FL 32896-5005		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	•	
	Debtor 1 only	□ Contingent	
	Debtor 2 only	□ Unliquidated	
	Debtor 1 and Debtor 2 only	□ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	dobt	Obligations arising out of a separation agreement or divorce that you did not	
	is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify Credit card	
		— Outer, Specify	
4.10	St Lukes University Health Network	Last 4 digits of account number	\$60.00
	Nonpriority Creditor's Name	When was the debt incurred?	
	801 Ostrum St	Titlett trae ale dest illegited.	
	Bethlehem, PA 18015-1000		
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Untiquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community	☐ Student loans	
	debt	Obligations arising out of a separation agreement or divorce that you did not	
	is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Medical bill	

Official Form 108 E/F

Debtor	1 Rizzolino, Tara Beth	Case number (f know) 17-13574	
4.11	St Lukes Warren Physician Group Nonpriority Creditor's Name	Last 4 digits of account number	\$85.00
		When was the debt incurred?	
	19 Main St Asbury Park, NJ 07712-7012 Number Street City State Zip Code Who Incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only		
	Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify Medical bill	
4.12	Torres Credit Serv	Last 4 digits of account number	\$242.00
	Nonpriority Creditor's Name	<u> </u>	•
	27 Fairview St Ste 301	When was the debt incurred?	
	Carlisle, PA 17015 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	No of the date you me, the chain is. Office an and apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	_	☐ Student loans	
	☐ Check if this claim is for a community debt	Obligations arising out of a separation agreement or divorce that you did not	
	is the claim subject to offset?	report as priority claims	
	■ No	lacksquare Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Collection	
is tryin	a to collect from you for a debt you owe to so	bout your bankruptcy, for a debt that you already listed in Parts 1 or 2. For oxample, if meone else, list the original creditor in Parts 1 or 2, then list the collection agoncy her	e. Similarly, if you
	i for any debts in Parts 1 or 2, do not fill out o		nal persons to be
		On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.3 of (Check one): Part 1: Creditors with Priority Unsecured Claims	
	ckawanna Ave Ste 3C	Part 2: Creditors with Printing Unsecured Claims	
	on, PA 18503-2059	Last 4 digits of account number	IIIS
Nome on	d Address	On which entry in Part 1 or Part 2 did you list the original creditor?	
		Line 4.4 of (Check one): Part 1: Creditors with Priority Unsecured Claims	
409 La	ckawanna Ave Ste 3C	Part 2: Creditors with Nonpriority Unsecured Clai	ms
Scrant	on, PA 18503-2059	Last 4 digits of account number	
	d Address Hallinan Diamond & Jones	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.2 of (Check one): Part 1: Creditors with Priority Unsecured Claims	
LLP		Part 2: Creditors with Nonpriority Unsecured Clai	ms
	Center Piz 1617 JFK Blvd,		
Ste 140 Philade	elphia, PA 19103-1821	Last 4 digits of account number	
	Add the Amounts for Each Type of Un		

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Debtor 1 Rizzolino, Tara Beth	Case number (f know)	17-13574
	,	11 1001-1

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

					Total Claim
	6a.	Domestic support obligations	6a.	\$	0.00
Total claims from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	s	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	s	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	s	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	s	0.00
Total claims	6 f.	Student loans	6 f.	s	Total Claim 0.00
from Part 2	6g.	Obligations arising cut of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	s —	0.00
	6i .	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i .	s	29,671.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6 j.	\$	29,671.00

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Fill	in this inf	ormation to identify your	case:			
Deb	tor 1	Tara Beth Rizzo				
Deh	tor 2	First Name	Middle Nar	no -	Last Name	
	ise if, filling)	First Name	Middle Nan	ne i	ast Name	
Unite	ed States	Bankruptcy Court for the:	EASTERN DI	STRICT OF PENNS	YLVANIA, READING DIVIS	ON_
Case	e number	17-13574				
(if kno	wn)					Check if this is an amended filing
		orm 106G				
			7		expired Leases	12/15
infori addit 1. (mation. If lonal page Do you ha No. Che	more space is needed, c es, write your name and ove any executory contra eck this box and file this for	opy the addition case number (if icts or unexpired in with the court v	al page, fill it out, n known). I leases? vith your other sched	ogether, both are equally rumber the entries, and atta under the entries, and atta ules. You have nothing else isted on Schedule A/B:Prope	
2. (List separ	ately each person or con rent, vehicle lease, cell p	npany with who	n you have the con	tract or lease. Then state v	rhat each contract or lease is for (for r more examples of executory contracts and
	Person o	or company with whom y Name, Number, Street, Cit	ou have the con y, State and ZIP Code	tract or lease	State what the contract o	r lease is for
2.1	Name	· · · · · ·			•	
	IVAITIG					
	Number	Street			•	
	City		State	ZIP Code	-	
2.2	Name				-	
	Number	Street			-	
	City		State	ZIP Code	-	
2.3	City		State	ZIP COde	_	7 1 2 1 1 1
	Name					
	Number	Street	<u> </u>		•	
	City		State	ZIP Code	•	
2.4	Nama				•	
	Name					
	Number	Street			•	
	City		State	ZIP Code	•	
2.5	Name			•	•	
	Number	Sireet			•	

Official Form 106G

City

ZIP Code

State

	his information to identify your			
Debtor		7		
Debtor 2	First Name	Middle Name	Last Name	}
(Spouse f		Middle Name	Last Name	
United S	States Bankruptcy Court for the:	F PENNSYLVANIA, READING DIVISION		
Case nu	umber 17-13574			
(if known)				Check if this is an amended filing
	al Form 106H	ebtors		12/15
Sche	edule H: Your Code	ebtors		12/15
□ N ■ Y 2. W Calif	lo 'es /ithin the last 8 years, have you fomia, idaho, Louisiana, Nevada, lo. Go to line 3.	lived in a community pro New Mexico, Puerto Rico,	o not list either spouse as a codebtor. Perty state or territory? (Community proper Texas, Washington, and Wisconsin.)	ty states and territories include Arizona,
ΠY	es. Did your spouse, former spous	se, or legal equivalent live wi	th you at the time?	
line	2 again as a codebtor only if th	at person is a guarantor o	pouse as a codebtor if your spouse is filin or cosigner. Make sure you have listed the	
Colu	umn 2.	10021 J, 01 Ochedis O (c	Official Form 106G). Use Schedule D, Sched	creditor on Schedule D (Official Form
Coli	umn 2. Column 1: Your codebtor Name, Number, Street, City, State and Zi		,	creditor on Schedule D (Official Form lule E/F, or Schedule G to fill out reditor to whom you owe the debt
Colu	Column 1: Your codebtor Name, Number, Street, City, State and Zi	IP Code	Column 2: The c Check all sched	creditor on Schedule D (Official Form fule E/F, or Schedule G to fill out creditor to whom you owe the debt ules that apply:
	Column 1: Your codebtor Name, Number, Street, City, State and Zi Sammy Anthony Rizzoline 4 Hawthorne Ct	IP Code	Column 2: The c	creditor on Schedule D (Official Form fule E/F, or Schedule G to fill out creditor to whom you owe the debt ules that apply:
	Column 1: Your codebtor Name, Number, Street, City, State and Zi Sammy Anthony Rizzoline	IP Code	Column 2: The concept of the concept	creditor on Schedule D (Official Formula E/F, or Schedule G to fill out creditor to whom you owe the debt ules that apply: Jine
3.1	Column 1: Your codebtor Name, Number, Street, City, State and Zi Sammy Anthony Rizzoline 4 Hawthorne Ct Easton, PA 18045-1928	IP Code	Column 2: The content of the content	creditor on Schedule D (Official Formula E/F, or Schedule G to fill out creditor to whom you owe the debt ules that apply: , line /F, line4.6
	Column 1: Your codebtor Name, Number, Street, City, State and Zi Sammy Anthony Rizzoline 4 Hawthorne Ct	IP Code	Column 2: The concentration of	creditor on Schedule D (Official Formula E/F, or Schedule G to fill out creditor to whom you owe the debt ules that apply: , line /F, line4.6 //Bon Ton
3.1	Column 1: Your codebtor Name, Number, Street, City, State and Zi Sammy Anthony Rizzoline 4 Hawthorne Ct Easton, PA 18045-1928 Sammy Anthony Rizzoline	IP Code	Column 2: The content of the content	creditor on Schedule D (Official Formitule E/F, or Schedule G to fill out creditor to whom you owe the debt ules that apply: , line /F, line4.6 //Bon Ton , line /F, line4.8

Debtor 1	E	If in this information to identify your ca								
Debior 2 (Spoose, if timp) United States Bankruptcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA, READING DIVISION Case number 17-13574 Check if this is: An amended filing A supplement showing postpetition chapter 13 income as of the following date: MM / DD/ YYYY 12/15 Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Dobtor 2), both are equally responsible for supplying correct information. If you are married and not filing iplority, and your spouse is lifving with you, include information about your spouse. If more space is needed, statch a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Parts: Describe Employment I. Fill in your employment Information. If you have more than one job, statch a separate page with information about your gouse in more space. If more space is needed, statch a separate page with information about additional employers. Cocupation Employer's name Cocupation Employer's name Cocupation may include student or Employer's address homemaker, if it applies. How long employed there? Fort 22 Give Details About Monthly Income Employer's name Cocupation more filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more pace, attach a separate sheet to this form. For Debtor 1 For Debtor 1 For Debtor 2 For Debtor 3 For Debtor 3 For Debtor 4 For Debtor 5 For Debtor 5 For Debtor 6 For Debtor 7 For Debtor 9 Cocupation in morthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, caculate what the monthly wage would be. 2. \$ 0.00 \$ N/A	1									
Case number (If frown) 17-13574	De	eblor 2	azomio .			_				
Official Form 106I Schedule I: Your Income Schedule I: Your Income Some complete and accurate as possible. If two married people are filling together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filling jointly, and your spouse is living with you, include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Employment Information If you have more than one job, stach a separate page with information about additional employers. Cocupation Include part-time, seasonal, or self-employed work. Cocupation may include student or Employer's name Cocupation may include student or Employer's address homemaker, if it applies. How long employed there? Part 2: Give Details About Monthly Income attimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse nices you are separated. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2 \$ 0.00 \$ N/A 3. Estimate and list monthly overtime pay. 3 + \$ 0.00 • \$ N/A	Ur	nited States Bankruptcy Court for the:			۹,					
Official Form 106 Schedule I: Your Income Boa complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If you are spouse is not filing with you, do not include information about your spouse. If you are spouse is not filing with you, do not include information about your spouse. If you have more than one job, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Employment If you have more than one job, attach a separate page with information about additional employers. Occupation Include part-time, seasonal, or self-employed work. Occupation may include student or Employer's name Employer's name Cocupation may include student or Employer's address homemaker, if it applies. How long employed there? Part 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-fiting spouse niless you are separated. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 0.00 \$ N/A	Ca	ase number 17-13574			•	— cı	neck if this is	ı:		
Official Form 106I Schedule I: Your Income Bas complete and accurate as possible. If two married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are apparated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (If known). Answer every question. Part 1: Describe Employment Information If you have more than one job, attach a separate page with information about additional employers. Occupation may include student or self-employed work. Occupation may include student or Employer's name Employer's name Employer's name Employer's address homemaker, if it applies. How long employed there? Part 2: Give Details About Monthly Income attimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse include your non-filing spouse include your non-filing spouse. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 0.00 \$ N/A N/A Stillmate and list monthly overtime pay.	(11)	(nown)	-	-			An amend	ed filina		
Schedule I: Your Income Be as complete and accurate as possible. If two married people are filling together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filling jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filling with you, incident information about your spouse. If more space is needed, stach a separate sheet to this form. On the top of any additional pages, write your name and case number (If known). Answer every question. Part II	L					•	A supplem	ent showing p	ostpetition c	hapter 13
Be as complete and accurate as possible. If two married people are filling together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filling jointly, and your spouse is living with you, include information about your spouses. If you are separated and your spouse is not filling with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1:							MM / DD/	YYYY		
supplying correct information. If you are married and not filling jointly, and your spouse is living with you, include information about your spouse. If more space is meded, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Employment I. Fill in your employment Information. If you have more than one job, attach a separate page with Information about additional Employers. Occupation Include part-time, seasonal, or self-employed work. Occupation may include student or self-employed work. Occupation may include student or how long employer's address homemaker, if it applies. How long employed there? Part 2: Give Details About Monthly Income isstimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse Inless you are separated. You or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more pace, attach a separate sheet to this form. List monthly gross wages, salary, and commissions (before all payroli) deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 0.00 \$ N/A 3. Estimate and list monthly overtime pay.										12/15
information. If you have more than one job, attach a separate page with information about additional employers. Occupation Include part-time, seasonal, or self-employed work. Occupation may include student or how long employer's address homemaker, if it applies. How long employed there? Part 2: Give Details About Monthly Income stitimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse intenses you are separated. I you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more pace, attach a separate sheet to this form. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 0.00 \$ N/A 3. Estimate and list monthly overtime pay. 3. +\$ 0.00 < \$ N/A	sup spc atta	phying correct information. If you a buse. If you are separated and your ich a separate sheet to this form. O	re married and not filin spouse is not filing wit	g jointly, and your s h you, do not include	pouse is e inform	iliving with	h you, inclu It your spor	de informations	on about yo	ur
attach a separate page with information about additional employers. Occupation Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. How long employed there? Part 2: Give Details About Monthly Income satimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse inless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more pace, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 3. Estimate and list monthly overtime pay. 3. +\$ 0.00 *\$ N/A	1.			Debtor 1			Debtor :	2 or non-filin	g spouse	
Include part-time, seasonal, or self-employer's name Cocupation may include student or how long employed there? Part 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse niless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more pace, attach a separate sheet to this form. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 0.00 \$ N/A 3. Estimate and list monthly overtime pay. 3. +\$ 0.00 +\$ N/A			5 1	☐ Employed		,	☐ Emp!	oyed		
Include part-time, seasonal, or self-employed work. Occupation may include student or Employer's address homemaker, if it applies. How long employed there? Part 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse inless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more pace, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 0.00 \$ N/A 3. Estimate and list monthly overtime pay. 3. +\$ 0.00 +\$ N/A		information about additional	• •	Not employed			☐ Not e	mployed		
How long employed there? Part 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse inless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more pace, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 0.00 \$ N/A 3. Estimate and list monthly overtime pay. 3. +\$ 0.00 +\$ N/A			•							
Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse inless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more pace, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 0.00 \$ N/A Sestimate and list monthly overtime pay. 3. +\$ 0.00 +\$ N/A			Employer's address							
Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse inless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more pace, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 0.00 \$ N/A 3. Estimate and list monthly overtime pay. 3. +\$ 0.00 +\$ N/A			How long employed th	ere?						
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List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. For Debtor 1 For Debtor 2 or non-filing spouse 2. \$ 0.00 \$ N/A 3. +\$ 0.00 +\$ N/A	Esti Inle	mate monthly income as of the dat ss you are separated.	e you file this form. If yo	ou have nothing to repo	ort for an	y line, write	\$0 in the spa	ice. Include y	our non-filing	spouse
List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 0.00 \$ N/A 3. Estimate and list monthly overtime pay. 3. +\$ 0.00 +\$ N/A	f yo	u or your non-filing spouse have more e, attach a separate sheet to this form	than one employer, comb	ine the information for	all empl	oyers for tha	at person on	the lines belo	w. If you nee	d more
deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 0.00 \$ N/A 3. Estimate and list monthly overtime pay. 3. +\$ 0.00 +\$ N/A						For D	ebtor 1			
	2.	List monthly gross wages, salary deductions). If not paid monthly, cal	, and commissions (beficulate what the monthly w	ore all payroll vage would be.	2.	\$	0.00	\$	N/A	
4. Calculate gross income. Add line 2 + line 3.	3.	Estimate and list monthly overting	e pay.		3.	+\$	0.00	+\$	N/A	
	4.	Calculate gross income. Add line	2 + line 3.		4.	\$	0.00	s	N/A	

Official Form 1061

Deb	tor 1	Rizzolino, Tara Beth	_	Case	number (if known)	17-13574		
	Cor	py ilne 4 here	4.	For	Debtor 1 0.00	For Debto		
_	-		4.	" —	0.00	-	<u>N/A</u>	
5 .		tall payroll deductions:	_	_		_		
	5a.	Tax, Medicare, and Social Security deductions	5a.	<u> </u>	0.00	\$	N/A	
	5b.	Mandatory contributions for retirement plans	5b.	\$ _	0.00	\$	N/A	
	5c.	Voluntary contributions for retirement plans	5c.	\$_	0.00	\$	N/A	
	5d.	Required repayments of retirement fund loans	5d.	\$ _	0.00	\$	N/A	
	5e.	Insurance	5e.	<u>\$</u> _	0.00	\$	N/A	
	5f.	Domestic support obligations	5f.	<u>\$</u> _	0.00	\$	N/A	
	5g.	Union dues	5g.	\$	0.00	\$	N/A	
	5h.	Other deductions. Specify:	5h.+	\$ _		+ \$	N/A	
6.		I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	^{\$} —	0.00	\$	N/A	
7.	Cale	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	^{\$} —	0.00	\$	N/A	
8.	List 8a.	all other income regularly received: Net Income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	N/A	
	8b.	Interest and dividends	8b.	<u> </u>	0.00	<u>.</u>	N/A	
	8c.	Family support payments that you, a non-filling spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.		* s	1,700.00	s	N/A	
	8d.	Unemployment compensation	8d.	ξ-	0.00	š	N/A	
	8e.	Social Security	8e.	ζ—	0.00	š——	N/A	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	s	0.00	\$s	N/A	
	8g.	Pension or retirement income	— 8g.	\$	0.00	\$	N/A	
	8h.	Other monthly income. Specify:	8h.+	\$ <u></u>	0.00	+ \$	N/A	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. [s	1,700.00	\$	N/A	
10.	Calc	culate monthly Income. Add line 7 + line 9.	10. \$	1	,700.00 + \$	N/A	= \$ 1,700.0	٥
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	Ŀ					
11.	Inclu othe	te all other regular contributions to the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your dear friends or relatives. In the include any amounts already included in lines 2-10 or amounts that are not available:	ependent				+\$ <u>0.0</u>	0
12.		the amount in the last column of line 10 to the amount in line 11. The result is the thing of the same					\$ 1,700.0	∄
13.	Do y	you expect an increase or decrease within the year after you file this form? No.	?				monthly income	
		Yes. Explain: DEBTOR IS LIVING WITH HER MOTHER AND H	ER CHI	LDRE	EN.			٦

Fi	Il in this information to identify you	r case:			
De	ebtor 1 Tara Beth Riz	zolino		Check if this is:	
	·			An amended	filing
	btor 2			☐ A supplemen	t showing postpetition chapter 13
(S	pouse, if filing)			expenses as	of the following date:
Un	ited States Bankruptcy Court for the:	EASTERN DISTRICT OF PENNS READING DIVISION	YLVANIA,	MM/DD/Y	YYY
Ca	se number 17-13574				
	known)				
0	fficial Form 106J				
	chedule J: Your E				12/1
Int	ormation. If more space is need known). Answer every question		filing together, both are ecorm. On the top of any add	qually responsible itional pages, wri	e for supplying correct te your name and case numbe
Ра 1.	Describe Your Househouse this a joint case?	ıld		···	
	■ No. Go to line 2. □ Yes. Does Debtor 2 live in a	a separate household?			
	☐ No ☐ Yes. Debtor 2 must f	ile Official Form 106J-2,Expenses f	or Separate Householdof De	ebtor 2.	
2.	Do you have dependents? [□ N₀			
	Do not list Debtor 1 and Debtor 2.	Yes. Fill out this information for each dependent	Dependent's relationship to Debtor 1 or Debtor 2	o Dependent	live with you?
	Do not state the			asteries	□ No
	dependents names.		child	18	■ Yes
					— □ No
			child	16	■ Yes
					
					□ Yes
					☐ Yes
3.	Do your expenses include	₩ Ma			Li fes
	expenses of people other than yourself and your dependents				
o a r	Estimate Your Ongoing				
Est exp	imate your expenses as of your	bankruptcy filing date unless yo kruptcy is filed. If this is a supple	u are using this form as a s mental <i>Schedule J</i> , check t	supplement in a C the box at the top	hapter 13 case to report of the form and fill in the
incl	ude expenses paid for with non-	-cash government assistance if y	ou know the	on one to be a second of the	en je sama nema kana e
		included it on <i>Schedule I: Your ir</i>	ncome	5 A 5	
Off	icial Form 106I.)		· 5	Your	'expenses
١.	The rental or home ownership payments and any rent for the gro	expenses for your residence. Incound or lot.		. \$	200.00
	If not included in line 4:				
	4a. Real estate taxes		4.	. S	0.00
	4b. Property, homeowner's, or	renter's insurance		. \$	0.00
	4c. Home maintenance, repair			. s	0.00
	4d. Homeowner's association	• • •	4d		0.00
.		for your residence, such as home		. š ———	0.00
	-0-0- F-7-	,		· •	0.00

Deb	tor 1	Rizzolin	o, Tara Beth	Case num	nber (if known)	17-13574
6.	Utilit	iles:				
	6a.	Electricity	, heat, natural gas	6a	. \$	0.00
	6b.	Water, se	wer, garbage collection	6b	. \$ 	0.00
	6c.	Telephone	e, cell phone, Internet, satellite, and cable services	6c.	, s	284.00
	6d.	Other. Sp	ecify:	6d.	. \$	0.00
7.	Food		ekeeping supplies	7.	\$	600.00
8.	Child	icare and c	children's education costs	8.	. s	0.00
9.	Cloth	hing, laund	ry, and dry cleaning	9.	\$	50.00
10.	Pers	onal care p	products and services	10.	\$	50.00
11.	Medi	ical and de	ntal expenses	11.	\$	100.00
12.	Trans	sportation.	Include gas, maintenance, bus or train fare.			
			ar payments.	12.	·	200.00
13.	Ente	rtainment,	clubs, recreation, newspapers, magazines, and books	13.	· -	85.00
14.	Char	itable cont	ributions and religious donations	14.	\$	0.00
15.		rance.				
			surance deducted from your pay or included in lines 4 or 20.		_	
		Life insura		15a.	-	0.00
		Health ins		15b.	· ————	0.00
		Vehicle in:		15c.		120.00
			Irance, Specify:	15d.	\$	0.00
16.			clude taxes deducted from your pay or included in lines 4 or 20.		_	
	Spec	•		16.	\$	0.00
17.			pase payments:	47-	•	
			ents for Vehicle 1	17a.	·	0.00
			ents for Vehicle 2	17b.	· -	0.00
		Other. Spe	· · · · · · · · · · · · · · · · · · ·	17c.		0.00
		Other. Spe		17d.	\$	0.00
18.			of allmony, maintenance, and support that you did not re		\$	0.00
10			your pay on line 5, <i>Schedule I, Your Income</i> (Official Form s you make to support others who do not live with you.	1001).	š ——	0.00
13.	Speci		you make to support others who do not live with you.	19.	<u> </u>	0.00
20			erty expenses not included in lines 4 or 5 of this form or o		ır İncome.	
20.			on other property	20a.		0.00
		Real estate	* * *	20b.	s	0.00
			nomeowner's, or renter's insurance	20c.	·	0.00
			ce, repair, and upkeep expenses	20d.	·	0.00
			er's association or condominium dues	20e.		0.00
21.		r: Specify:			+\$	150.00
	Outo	r. opecny.	pet expenses			130.00
22.		_	monthly expenses			
			through 21.		\$	1,839.00
	22b. (Copy line 2:	2 (monthly expenses for Debtor 2), if any, from Official Form 1	06J-2	\$	
	22c. /	Add line 22a	and 22b. The result is your monthly expenses.		\$	1,839.00
	0-1					
23.			monthly net income. 12 (your combined monthly income) from Schedule I.	23a.	•	4 700 00
			• •			1,700.00
	ZJD.	copy your	monthly expenses from line 22c above.	23b.	<u>~</u>	1,839.00
	220	Subtraction	our monthly expenses from your monthly income.			
	236.		is your <i>monthly net income</i> .	23c .	 \$	-139.00
		room				
24.	Do yo	ou expect a	n increase or decrease in your expenses within the year a	fter you file this t	orm?	
			u expect to finish paying for your car loan within the year or do you ex	pect your mortgage (payment to increa	ise or decrease because of a
			terms of your mortgage?			
	■ No		r 			
	☐ Ye	: S.	Explain here:			